THE MEDICAL NEWS AND LIBRARY.

VOL. XXX. JULY, 1872. No. 355.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on a Case of Renal Disease ending in Apoplexy.—By W. H. BROADBENT, M.D., Physician to St. Mary's Hospital.

Gentlemen: The anatomical pieces before you tell a tale to the educated eye far more eloquent and impressive than any I can shape into words. There are the kidneys; there is the heart; there is the brain. The kidneys diminished in size—one especially so—rough and granular on the surface, with here and there a small cyst, and damaged in their intimate structure. The heart enormously enlarged, weighing 19 oz. instead of 9 oz. or 10 oz., the walls of the left ventricle greatly thickened; and this change not accounted for by any alteration of the valves, which are quite healthy and competent. The brain with a large ragged cavity in the right hemisphere, from which a great blood-clot has been extracted. To complete the chain of causation, we ought to have under the microscope, between the kidneys and the heart, and again between the heart and the brain, some of the minute arterioles from various parts, showing the muscular hypertrophy of their coats, demonstrated and explained so admirably by Dr. George Johnson. The successive links of the deadly chain would then run thus: Disease of the kidneys gave rise to accumulation within the blood of excretory materials which these organs should have eliminated; the circulation of the blood, thus rendered impure, was resisted by the stopcock action of the muscular coat of the minute arteries for the defence of the tissues; the heart, feeling this resistance, and not recognizing its conservative char-

Published monthly by HENRY C. LEA, Nos. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

acter, began to act with increased vigour to overcome it, and carry on the circulation; while the arteries, on the other hand, contracted all the more energetically; and so, in obedience to the law that increased exercise of function by muscular fibre induces hypertrophy of structure, heart and arteries, in their strife one against the other, became hypertrophied. But when the heart is acting with increased power on the one hand, and the minute arteries are continuing their resistance on the other, the blood is at high pressure within the vessels; and if there is a weak spot anywhere the vessel will be in danger of bursting. This is what has happened in the present case, the weak point having been found in the small vessels penetrating the brain-substance from the middle cerebral artery in the posterior part of the Sylvian fissure.

The poor woman from whose body these morbid specimens were taken, was admitted under my care in September. She was for a time in the Alexandra ward, more recently in No. 2 bed in the Victoria ward, where some of you have repeatedly seen her with me, little anticipating from her appearance the sudden fate which has overtaken her. Her illness, according to her own account, dates from an attack of hemiplegia of the left side two years since, while pregnant. This seems to have been severe, as it was six months before she was able to walk about again. She got over her confinement, however, without any difficulty or complication. After regaining a fair state of health, she had within the last few months been complaining of weakness, loss of appetite, imperfect digestion of her food, discomfort after eating, etc.

She did not look particularly ill, and she presented no appearance suggestive of any special disease. Very slight traces of her old paralysis remained. Investigating the causes of her complaints, we came at once upon the fact that the urine contained albumen. This we might have suspected from the occurrence of hemiplegia during pregnancy. The amount of albumen varied considerably; there was never much, and sometimes it was absent altogether. The urine was pale, not perfectly clear, acid in reaction, and of a specific gravity of 1018, as a rule—never, so far as I know, below 1015—sometimes as high as 1020. Now this is a high specific gravity for the state of kidney we supposed to exist—contracted granular kidney—and at times cast a momentary doubt on the diagnosis. I account for it now by the fact that in one kidney the morbid change was still in an early stage. We obtained little microscopic evidence as to the kidney mischief—a few particles of damaged renal epithelium, and rare and questionable fragments of small granular casts. There was no trace of dropsy or œdema, and never had been; but in this particular affection of the kidneys we do not expect it, and, as I have said, there was no marked renal look.

But we had evidence from another source in favour of our diagnosis, the indirect evidence of the vascular system. I frequently pointed out to you the peculiar character of the pulse. On asking a student to describe it, the invariable report was that it was weak; and to the fingers placed lightly on the vessel that was the impression conveyed; there was, in effect, very little pulsatile movement in the artery. But then it was very large and very hard, and the vessel slipped and rolled about under the finger like a bit of thick whipcord, reminding one of the vas deferens among the structures of the spermatic cord, only much larger; and when it was attempted to control the pulsation by pressure with the finger nearest the heart, it was found to be a very difficult matter. Press as one would almost, the pulsation could still be felt by the two fingers on the distal part of the vessel. The first impression of weakness was thus at once removed, and the pulse recognized to be extremely strong; it was the long, hard, large pulse of high arterial tension, which gives a sphygmographic trace of gradual ascent, low elevation, rounded summit, and gentle, unbroken fall.

Then as to the heart: the area of dulness over it was extensive; its impulse was a powerful and widespread heave; the apex-

beat was conspicuously evident to both eye and hand below and to the left of its normal situation. This was of course evidence of considerable hypertrophy. A mitral murmur was reported to me by my resident medical officer when the patient was first admitted, but I did not succeed in hearing it: I thought I distinguished once or twice a smooth, feeble, systolic, tricuspid murmur; and a hæmic pulmonary murmur could sometimes be heard. I attached no importance to any murmur found to be present; but modifications of the heart-sounds of extreme interest were detected, namely, reduplication of the first sound over the inter-ventricular septum, extinction of the first sound, and exaggeration of the second over the aorta. These have recently been beautifully explained as phenomena of high blood-pressure by Dr. Sibson. To distinguish the reduplication, you must either have a double stethoscope and place one mouth over the right ventricle and the other over the left, or the common stethoscope must be planted over the septum between the ventricles. At the apex, or over the sternum, the first sound is pure and single; it is only when the sound given out by both the ventricles in their contraction is conveyed to the ear that a doubled sound is heard. This alone would suggest what is clearly brought out by manœuvring with the double stethoscope, namely, that the reduplication is due to the want of exact synchronism in the contraction of the two ventricles; that of the left is retarded by the extreme resistance to the entry of more blood into the already distended arteries, and thus the right gets a slight start. Each ventricle produces sound by its systole; and when, from any cause, the normal coincidence of the two is disturbed, the first sound of the heart, which is compounded out of the two sounds of the ventricles, is reduplicated. The diminution or extinction of the first sound over the aorta, again, is explained by the arterial tension, which prevents the left ventricle from throwing its contents rapidly into the aorta, and renders its action more gradual; while the increased pressure within the aorta, forcing back the semilunar valves with undue violence, causes the second sound to be louder.[1]

The high arterial tension so obviously indicated by the signs I have mentioned, which I repeatedly pointed out in my visits to the ward, and the cardiac hypertrophy, were corroborative of the diagnosis of contracted granular kidney. Another corroborative sign I looked for in vain: I mean the characteristic changes in the retina. My note of the appearances presented by the fundus of the eye on ophthalmoscopic examination is as follows: The fundus of the eye generally seemed paler than usual, the optic disc a little more pink; so that, though the disk was well defined, the difference between it and the surrounding retina was less marked than usual. It was small, had no appearance of elevation, and presented in the centre a white spot from which the vessels issued. The retinal artery seemed smaller than usual. No white spots or hemorrhages were seen.

The objects to be kept in view in the treatment of a case of this kind are simple and obvious. We cannot hope to undo the structural mischief already done in the kidney; in some cases we may perhaps arrest the morbid process when it is traceable to some known cause, as alcoholic excess, etc.; but, generally speaking, what we have to do is to avert, as long as possible the consequences—the accumulation of urea or other poisonous substances in the blood, and the loss of strength and deterioration of structure to which the state of the blood gives rise. The bowels must be kept open, the action of the skin must be encouraged, so as to secure whatever vicarious elimination their excretions may afford; the diet must be regulated and digestion aided; and it is generally beneficial to give the tinct. ferri muriatis. This was the line of treatment we followed, and our patient seemed

[1] The tension of the arterial walls is an element in the production of the second sound, but this and other points were not discussed. Nor is what has been said intended as a complete exposition of the relation of the modification of the sounds to the arterial tension: it was rather a reminder to students already familiar with Dr. Sibson's teaching.

decidedly better; she was relieved of the symptoms which caused her to seek admission; the reduplication of the first sound of the heart was no longer heard; the artery at the wrist was not so full and hard; once, indeed, for a few days during a brief pyrexia the peculiar character of the pulse was lost altogether; and it was expected she would soon leave the hospital greatly relieved.

The dangers to which the subjects of this form of Bright's disease are exposed are, on the one hand, uræmic poisoning, so called when the nervous system is affected, or secondary inflammation of important organs, or effusions into the great cavities, from disturbance of the normal relations between blood and tissue; or, on the other hand, rupture of a vessel in the head as a consequence of the great arterial tension. We had no special reason to anticipate any of these unfavourable effects immediately. The specific gravity of the urine seemed to guarantee the elimination of a fair proportion of the urinary constituents; the patient had not the well-known renal look; she was not old; there were no advanced retinal changes, and the arterial tension was reduced. There was, however, an element of danger, of which I was not for some time aware. The woman was five or six months pregnant. She stated all the time she was under observation that the catamenia were regular, and nothing had occurred to lead to a physical examination of the abdomen till shortly before her death, when she mentioned some uneasy sensation in the hypogastrium. I proceeded to see if any cause for this was to be found, and, coming upon the uterus, I said at once, "Why, you are pregnant." This the patient strenuously denied, repeating her statement that she had been quite regular, and was, in fact, menstruating at the time; saying, also, that the tumour I felt had been there for some time. She was a married woman and had no reason for concealing her pregnancy, unless, as it occurred to me since, she had apprehensions of danger attending it, which made her wish to blind herself to its existence; and I accepted her denial *pro tem.*, with the intention of making further investigation when the catamenial period was over. Now, without saying at all that the pregnancy was an important factor in the causation of the hemorrhage, the coexistence of pregnancy and albuminuria is a serious matter, which, had it been fully known to me, would have led me to look on the immediate future of the patient with more apprehension. But this is a point into which I cannot enter fully now, and we must come to the fatal attack, which was preceded, and perhaps determined, by two or three days of more than usually obstinate constipation.

At about 3.30 on the morning of Thursday, November 30, she was apparently as well as usual; and asked the night-nurse for drink. A few minutes later her right leg and hand were knocking against a screen which stood by her bedside. When the nurse went to her, the right limbs were thrown about, but more as if the movements were voluntary than convulsive, while the left limbs were rigid, contorted and twitching; the face was at first distorted. By the time the sister of the ward and the resident medical officer reached her, the movements of the right side were less violent; the face was equal on the two sides, but the rigidity of the left limbs was the same; the right pupil was greatly dilated, the left much contracted. The patient recognized both, and gave their names, but she could give no account of herself, or of what she felt. Later she was more quiet, but from time to time tossed off the clothes with the right hand or leg, and rubbed her head with this hand, while the left limbs remained rigid and powerless, and were at intervals shaken by a peculiar tremour; the left hand was powerfully pronated, and the fingers and wrist flexed; she resisted when the eyes were opened, seemed to resent disturbance, evidently felt a pinch on the right side, but gave no indications of sensation on the left half of the body; she swallowed fluids pretty well; no signs of consciousness beyond those first mentioned could be elicited. Soon after 3 P.M. convulsive movements again came on, and she died almost instantly. The tongue was bitten.

These details are chiefly interesting in

connection with the seat and extent of the hemorrhage. The clot lay to the outer side of the right corpus striatum and thalamus, and had torn through the fibres passing from them into the hemisphere. It extended along nearly the whole length of the ganglia, but did not turn round the anterior end of the corpus striatum. Its upper part was on a level with the intraventricular surface of these bodies. Inferiorly it was separated by a very thin stratum of nervous matter from the fissure of Sylvius, and, in my opinion, the source of the bleeding was the small branches of the middle cerebral artery here penetrating the brain-substance. Now, my interpretation of rigidity in the paralyzed parts at the onset of apoplectic hemiplegia is injury near, but not extensively or deeply involving, the motor ganglia or tract. Destructive lesion of the motor apparatus appears to leave the paralyzed limbs relaxed; pressure upon, or "irritation" of it, while its cells and fibres are still in continuity, appears to me to render them rigid. This view of mine may, of course, at any time be overthrown by facts inconsistent with it; but, at any rate, it has the support of this case, and I could give you many others.

One question remains: "Could anything have been done to postpone the fatal issue when once the rupture of the vessel had occurred?" I do not know, but had I seen the patient at once I should have bled her, simply on the ground of the antecedently known high arterial tension We can all see now that, at least, this would have done no harm. You will not, however, from this statement infer that I recommend or practice venesection in apparent apoplexy as a rule; the very contrary is the case, and on some future occasion I hope to show you reasons for this.

Looking once more at the morbid specimens, and taking a backward glance at the history of an attack of hemiplegia in a previous pregnancy, at the comparatively slight evidence of kidney disease offered by the urine and general appearance of the patient, and at the assistance to a correct diagnosis and warning as to the kind of danger to be apprehended afforded by attention to the signs of arterial tension in the pulse and in the modifications of the heart sounds, and remembering also, as I always shall, the existence of pregnancy at the time of the final apoplexy, you will find the case full of interest and instruction.

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Abstract of a Clinical Lecture on Death from Chloroform. By J. Eric Erichsen, Senior Surgeon to University College Hospital.

Thanks to the somewhat frequent occurrence of the heading "Death from Chloroform" in the papers, the subject is beginning to excite a considerable amount of interest and apprehension amongst the public. In the profession, there has been, I think, rather a tendency to avoid the subject—to look upon the occurrence of an occasional death from chloroform as a sort of necessary price paid for the advantages of anæsthesia. Whether this be the case, whether the fatal result really depend on an inexorable fate or on some more preventable cause, is, I think, worth inquiring into. Considering the extensive and general employment of chloroform for even the most trivial of surgical operations, a death directly due to its influence is, happily, of rare occurrence. During the twenty-five years that I have been attached to this hospital, I have only witnessed one such death. It is a sight which must always produce a deep and painful impression on those present; the more so, since the administration of chloroform is by no means a necessary part of the operation; the relief of pain is in many cases nothing more than a luxury.

All surgeons will agree with me that, in extra-hospital practice especially, the administration of chloroform is that part of the operation which often gives most anxiety to the operator. In a hospital, chloroform is generally administered by some one who is in the daily habit of performing that duty. The process is watched by competent observers, and there is every appliance at hand in case of need. In private practice it is often given by the practitioner in charge, whose only experience is derived from a limited use of the drug in midwifery cases, and both the pa-

tience and peace of mind of the surgeon are upset: for, indeed, a considerable amount of practice and experience are required to enable a man to give chloroform well; some acquire the necessary skill more easily than others; but no amount of care can make up for the want of a certain amount of practice.

We must confine our attention to deaths which are *directly and immediately* due to chloroform. These may occur is three ways—by the lungs, by the head, or by the heart; from asphyxia, from coma, or from syncope.

I. *Asphyxia* may be caused (1) by tight clothing, or by anything which hinders the respiratory movements, as a large abdominal tumour; (2) by actual choking. If chloroform be given too soon after a meal, vomiting of semi-digested material is very likely to occur, and the larynx may be obstructed by it. A gag or false teeth may slip into the throat and cause choking; the tongue, also, like the other voluntary muscles of the body, becomes paralyzed when the patient is fully anæsthetized, and, by falling back into the throat, may itself cause choking. Deaths from these causes, the first more especially, have occurred most often in dentists' practice. Still, simple asphyxia is not often actually fatal, though narrow escapes are common; the signs are so well marked that they can scarcely be overlooked, and the patient can generally be recovered if assistance be at hand.

II. Death from *coma* due to chloroform is rare; still, the only case with which I have been personally connected was due to this cause. The patient was suffering from chronic Bright's disease, and had slight symptoms of uræmia. The administration of chloroform had not proceeded far when convulsions occurred, followed by coma and death in about an hour. In this case, at all events, the mode of death was evidently predisposed to by the poisoned state of the blood.

III. We come at last to that part of the subject to which I wish more particularly to direct your attention—the death from *cardiac syncope*, as it is called. This is to me a very puzzling mode of death, as difficult to account for as it is to guard against. I presume that by the term "cardiac syncope" is meant atony and failure of the heart's action. This is an easy explanation, but not altogether a satisfactory one. Amongst the numerous experiments which have been made with chloroform, I do not know of any which prove that it has any direct syncopal action on the heart, or even any indirect toxic action on that organ through its nerves. Still there is no doubt of the fact, that people do die without much disturbance of respiration, without becoming distinctly livid in the face; the pulse fails; that is the first thing noticed, and they are dead.

Now, my own idea is, that these are really cases of asphyxia; that the heart is secondarily, not primarily, affected; and my explanation would be as follows. After death we find in these cases a weak, fatty heart; the valves, indeed, healthy, but the walls thin, and the muscular tissue pale and degenerated. Now, chloroform has always, especially at first, a slight asphyxial tendency; the patient calls out that he is choking, tries to pull away the inhaler, and breathes deeply, then struggles and holds his breath for a few seconds. In a healthy man this soon passes off, the inconvenience is merely temporary; but with a fatty, enfeebled heart, it is different—the patient holds his breath for a few seconds, the right side of the heart is soon filled, there is weak propulsive power, the organ cannot recover itself, and the result is fatal.

Some years ago, I made numerous experiments on death by asphyxia in animals; and I found that if once the ventricular action were stopped, if a contraction were missed, it was most difficult to start again—generally all was over. And this is what happens in these cases; the ventricle cannot be emptied quickly enough, the rhythm is lost, and almost instantaneous death ensues. The patient, then, does not die from the direct action of the chloroform on the heart, but from the effect of a slight asphyxial condition, which is inseparable from the administration of this agent on a disorganized heart. After death, you may not find the right side of the heart greatly engorged; first,

because great engorgement is not necessary to cause a fatal result; and, secondly, the blood, even many hours after death from chloroform, is found unusually fluid, so that the dependent parts of the body are congested and the heart is left comparatively empty. Then, also, artificial respiration is always set up in these cases, and this tends to diminish the cardiac plethora.

Finally, a few cautions. Never give chloroform without first thoroughly loosening the dress; if possible, not within four hours of a meal; the head should be moderately raised; the pulse, respiration, and colour of the face, must be carefully watched. As regards the occurrence of the rigid spasm already adverted to, I do not think that sufficient attention has been directed to this condition. A patient with an enfeebled heart is then in a most dangerous, even critical, state; the chest-walls are fixed, the lungs are filled with chloroform-vapour, which becomes diffused but cannot escape, the pulmonary circulation is obstructed, and the pressure on the right ventricle rapidly increased. Let the patient partially recover, then give it again slowly; watch for any blueness around the mouth, etc. If the pulse fail, draw forward the tongue with forceps, and set up artificial respiration at once; but prevention is the main point. When there is well-marked asphyxia, artificial respiration is most useful, and generally successful; but in these cases of so-called "cardiac syncope," it is generally useless; the heart has been barely able to meet the ordinary requirements of the system; it cannot recover lost ground; it gives in, as it were, at once.—*Brit. Med. Journ.*, June 8, 1872.

HOSPITAL NOTES AND GLEANINGS.

Operations by Sir Wm. Fergusson at King's College Hospital.—Amputation of the Hand at the Wrist.—Sir Wm. Fergusson exhibited a man with an excellent stump, after amputation at the wrist, where the processes of the radius and ulna had been left. He advised that these processes should not be sawn off when healthy, as the breadth of the stump at the end of the arm was useful rather than otherwise.

Vesico-vaginal Fistula.—Ten days before, Sir William Fergusson had put in three stitches, with the hope of completely closing the fistulous opening. It had originated in the vaginal operation for stone nine years before. At that time, the healing process failed, and the operator had not again closed the wound. The patient was very young when operated upon for stone, and it was not easy then to stitch the wound. Sir William Fergusson saw her some time ago, and advised her to come into the hospital, in the hope of closing the wound by suture; but the operation has been partly unsuccessful. To-day the girl said that the parts were quite dry, and on that supposition he proceeded to take out the stitches; but she had not given a correct account of herself, for urine was dribbling freely through the wound. He removed the stitches, but thought it unadvisable to do anything further then to the wound. He said that three or four operations were sometimes necessary in a case of this kind, just as for cleft palate.

Dislocation of Astragalus.—A man came into the hospital in consequence of having injured his ankle by a fall. The astragalus was dislocated outwards, and there was a good deal of effusion about the joint. On first looking at it, Sir William Fergusson thought that there might be a fracture; but as he could not freely manipulate the parts when the man was under chloroform, he concluded it to be a dislocation. He attempted its reduction with the aid of three or four assistants, but was unsuccessful. He then divided the tendo Achillis and made the same trial, but again failed. What was next to be done? He thought he would not be justified in removing the astragalus, and therefore determined to place the foot on a straight side-splint. He had seen tolerably good and useful feet after such a displacement, particularly if no violent inflammation set in, disorganizing the joint, and he hoped this would be the case with the present patient.

Aneurism at Base of Neck.—For this aneurism, Sir William Fergusson had tied

the subclavian artery on May 25, five days ago. All had gone well till to-day after dinner, when a sudden gush of blood from the wound occurred. Mr. Rowe, the house-surgeon, immediately came to the assistance of the patient, and succeeded in stopping the bleeding by putting strong pressure on the wound. What seemed peculiar in this case was, that the usual time for secondary hemorrhage had not arrived. Had this been the ninth or twelfth day after the operation, it would not have been out of the ordinary course of things; but as it was only the fifth day, the hemorrhage could not be looked upon as simply secondary. There have been several cases of secondary hemorrhage following in succession in this hospital. In the case of a lad with a wound in the lower part of the thigh, there was repeated formidable bleeding; and the superficial femoral artery was about to be tied when it ceased, and he went on favourably afterwards. A few weeks ago, Sir William Fergusson took out some dead bone in the same locality, where there was great risk to the popliteal vessels. Great secondary bleeding came on, and only stopped after several stuffings of the wound. A girl, also, from whom he removed a tumour under the sterno-mastoid muscle, had profuse bleeding, of an apparently venous kind, coming from the great vessels at the root of the neck; and her case is now very critical, it being a question whether the wound should not be reopened and the internal jugular tied. In the mean time great pressure checks it, and Sir William thinks it most to be trusted.—*Brit. Med Journ.*, June 8, 1872

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Excision of the Knee-joint for Gunshot Wound; Recovery.—Excision of the knee-joint for gunshot injury has proved so notoriously unsuccessful in military surgery, that authorities on the subject are generally disposed to condemn it. An exception to the general rule of fatality has, however, been recorded by Dr. E. Ritzmann, of Berlin, in the *Berliner Klin. Wochenschrift* for June 3. The case was that of a Prussian soldier, aged 24, who was shot through the right femur, close above the knee, at the battle of Gravelotte, on August 18, 1870, and on October 13 was brought to Berlin in an ambulance train, under the guidance of Professor Virchow. Considerable suppuration set in, attended with severe remittent fever; and, on November 9, the joint was excised by Dr. König. The limb was put up in plaster of Paris, the joint being left exposed, and a drainage-tube being inserted to allow the escape of pus. The progress of the case after the operation was remarkably favourable, there being only temporary febrile disturbance in December and January; and, when the patient was discharged on May 23, 1871, there was complete ankylosis of the limb in a slightly bent position, with shortening to the extent of 2½ inches. On September 26, the patient gave a favourable account of his condition.—*Brit. Med. Journ.*, June 8, 1872.

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Severe Chronic Rheumatism mistaken for Disease of the Spinal Cord. By J. Lockhart Clarke, M.D.—J. B., æt. 33, for eight years on police force, was compelled to leave in consequence of protracted illness. Eleven years ago he had chancre, but no secondary symptoms. During his service in the police, he frequently got severe colds, sometimes in consequence of rain dripping from the edge of his cape on to his loins and the back of his knees. About two years ago, he began to feel very severe pain across the loins and along the spine, accompanied at first by severe and obstinate vomiting. The pain in his back was constant, night and day, and for some time he was quite unable to bend forward. On getting better, he continued on duty for about three months, during which he was under the care of the divisional surgeon, who cupped him on the back and prescribed for him, but without relief. Some time afterwards he went into one of the metropolitan hospitals, where he had blisters and actual cautery to the spine, hypodermic injection of morphia, warm baths, and medicine. After a month of this treatment he left the hospital unrelieved, with severe pain, weakness, and numbness and trembling of the legs. During the next three months he was un-

der the care, first of the divisional surgeon, and then of another practitioner, who used the hypodermic very freely, but with only temporary relief.

When I saw him a few months later, he was pallid and emaciated, complained of pains along the legs, with trembling on standing, some numbness of the feet, and severe lumbar pain with stiffness, which prevented him from standing erect. The pains were incessant night and day. I prescribed for him the following draught, to be taken every four hours. ℞ Potassii iodidi gr. x; aquæ camphor. ʒiss; spir. chloroformi ʒss. He had no applications to the back. On seeing him two days afterwards, he told me that for the first time during the last two years he was almost entirely free from pain, and felt himself nearly well, with the exception of weakness. He continued the same medicine at longer intervals, and before the end of a week not a vestige of pain remained. He then took nitro-hydrochloric acid with some bitters, and entirely recovered his health and strength. For more than two years he has kept a public-house in Rochester Row, Westminster, and has never had any return of his complaint, except on catching cold, or indulging too freely in drink, when he has always resorted to the same medicine with unfailing relief.

Although his case, as the patient told me, had been considered as an affection of the spinal cord, there can be no doubt that it was one of protracted and deep-seated rheumatism, affecting the ligaments of the spinal column, and involving the sheaths of the spinal nerve-roots, complicated perhaps with syphilitic taint, as the early history of the case, and the very remarkable success of the treatment might lead us to infer.—*Brit. Med. Journ.*, May 4, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Rapid Death from Stings of Bees. By J. O. Sanders, M D., Carrollton, Mississippi. —April 18, I was called to a plantation two miles distant to see a patient stung by bees. Mr. S., an intelligent man, gave the following account. Louis ——, a negro, aged about 45, climbed a tree where bees had swarmed on a limb, for the purpose of hiving them, carrying with him a saw. As soon as the limb commenced falling, the bees arose *en masse* and covered his head and face. He descended immediately, and, as soon as he reached the ground, commenced running as fast as he could; ran around three sides of a yard, some two hundred steps, passed through an open gate and fell to the ground. Mr. S. ran to him with a bottle of spts. camphor, and succeeded in forcing him to take one swallow, the patient protesting at the time against assistance, declaring that he would certainly die. After two or three irregular and partial respirations he expired. Mr. S. thinks it could not have been more than five minutes from the time he was attacked by the bees before he breathed his last. When I arrived, about an hour and a quarter after the accident, I could, on careful examination find no signs of life. He was a vigorous, muscular man, and in perfect health, so far as I can learn. Was death due, in this case, to direct nervous shock, or to absorption of virus, or both?

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Morphia and Chloral in Combination. By R. H. Fisher, M.D., of Kennekuk, Kansas.—For the last year I have used morphia and chloral combined, with the best results. A single example will illustrate this. Last winter I was called up late one night to see a fellow practitioner suffering intense agony from rheumatism. His wife had already given him about a grain of morphia without relief. I immediately administered ten grains of chloral, and in ten minutes he was free from pain.

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Cotton Wool as a Surgical Dressing.—Dr. Wm. Warren Greene, Professor of Surgery in the Medical School of Maine, states (*Boston Med. and Surg. Journ.*, May 23, 1872) that for the last five years he has used cotton wool almost exclusively as a dressing for wounds where he desired or expected union by first intention, and that Prof. Robinson, of Portland, has also used it for many years. Prof. G. prefers the French wadding which is made

of the purest cotton, and for the employment of which he acknowledges himself indebted to Prof. R. After quite an extended observation of its merits as a light, neat, elastic dressing, simple and easy of application, and especially agreeable to the patient as compared with other appliances, and finding that, apparently, the healing process under its influence was remarkably rapid and favourable, it occurred to him that there must be some other quality operating than those mentioned which contributed to the, sometimes, wonderful results; and this quality he regards as its capability of filtering the air of all spores or germs. With this view he has extended its use to the treatment of abscesses and suppurating surfaces, as well as to that of simple incised wounds. "I feel very sure," he says, "that any surgeon, having once given it a fair trial, selecting a pure, nice article of wadding, will never use any other dressing for simple incised wounds; and while I attribute much to the lightness and *elasticity* of the material, through which we secure, with comfort to the patient, equable, elastic pressure over the entire surface, I am inclined to attach great importance to its action as a filter." "In all cases," he adds, "of recent wounds dressed with cotton wool, when the compress was so carefully applied as to exclude air around the edges, whether the wounds were closed or open, incised or lacerated, we have never seen a drop of pus upon raising the compress the first time. When oozing has occurred, we have found the cotton coated with dried blood and lymph, but no *pus*.

"I may state, parenthetically, that after such a dressing I am very slow to disturb the dressing so long as no symptoms of inflammation are developed. Avoiding, if possible, all lotions, fomentations, or anything of the sort, I am anxious to retain the primary dressing as long as practicable."

This mode of dressing wounds is identical with that adopted by M. Guerin (see No. of the *American Journ. of Med. Sciences* for Oct., 1871, p. 561) and the explanation of its *modus operandi* given by both is the same. Who has the priority in the use of this dressing we are unable to say, but M. Guérin has undoubtedly the priority of publication, and the statements of both are valuable as confirmatory of each other's results.

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University of Louisiana.—The following changes have been made in the Faculty of the Medical Department. Prof. Warren Stone has resigned the chair of Surgery, and Dr. T. G. Richardson that of Anatomy. The latter gentleman has been transferred to the chair vacated by Dr. Stone, and Dr. Samuel Logan, late of the New Orleans School of Medicine, has been elected to fill the Anatomical chair rendered vacant by the transfer of Dr. Richardson.

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Bureau of Medicine and Surgery U. S. Navy.—Dr. JAMES C. PALMER has been appointed chief of this Bureau in place of Dr. J. M. Foltz, retired from active service.

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Boylston Prizes.—At the Annual Meeting of the Boylston Prize Committee, held June 3, 1872, a prize of $200 was awarded to J. Collins Warren, M.D., of Boston, for the best essay offered on the subject of "The Pathology of Malignant and Semi-Malignant Diseases." A prize of $150 was also awarded for the best essay on the "Pathology and Treatment of Sunstroke," to Dr. Horatio C. Wood, Jr., of Philadelphia.

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Mortality from Smallpox in Philadelphia.

During the week ending June	1	. . .	41
" "	8	. . .	24
" "	15	. . .	19
" "	22	. . .	19

FOREIGN INTELLIGENCE.

Early Calculous Disease and its Treatment.—SIR HENRY THOMPSON (*Lancet*, Jan., 1872) confining his remarks to the uric (chiefly) and oxalic varieties, regards the tendency to calculous disease as hereditary. A uric acid deposit becomes of importance only when it is persistent. Gravel and gout alternate in generations, or in the same individual. Uric acid and gouty symptoms are due to weak liver

(part of its work being handed over to the kidneys) and feeble intestinal action. Potash, and the alkalies generally, merely dissolve the uric acid for the time being. It is still there in excess The best treatment is gentle purgation by mineral waters (Friedrichshall and Carlsbad being the best). The diet should be sparing. It should include no alcohol in any shape, and as little as possible of fatty and saccharine matters.—*Birmingham Med. Rev.*, April, 1872.

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Addison's Disease.—Prof. BÉHIER has delivered, at Hôtel Dieu of Paris, a long and learned lecture on the above disease. He concludes that much obscurity still exists respecting the histology and pathology of the suprarenal capsules; and that it is not proved that in those bodies resides the power of developing the bronze skin. He would be inclined to say that the pigmentation just named may accompany every decided state of cachexia.—*Lancet*, June 8, 1872.

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The Treatment of Hyperæsthesia of the Vulva and Vagina. — M. GUÉNEAU DE MUSSY (*Gaz. des Hôpitaux*, June, 1871) is strongly opposed to the treatment adopted in vaginismus, by Sims, and he thinks that a wise combination of therapeutic agents, together, if need be, with progressive or sudden dilatation, will often render resort to deep incisions unnecessary. He has often obtained the most happy results from the action of vaginal suppositories:—

Cacao butter	2 gram.
Bromide of Potassium . .	30 centigr.
Extract of Belladonna . .	10 "

This suppository he introduces every night, and its use is continued for two or three weeks.—*Birmingham Med. Rev.*, Jan. 1872.

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Guarana as a Remedy for Sick Headache.—The Guarana (*Paullinia sorbilis*) is a favourite remedy in France for sick-headache and various forms of neuralgia, and is gaining some favour in Germany and in this country. Recently Dr. WILKS and Dr. LATHAM have called attention (*Brit. Med. Journ.*, April 20 and 27, 1872) to it in England. "The seeds, roasted, bruised, and pressed into cylindrical masses, constitute the guarana paste, which, when finely pounded, is then known by the name of Paullinia powder. This is light brown in colour, has an odour faintly resembling roasted coffee, and a bitter astringent taste. It contains, in addition to empyreumatic oil (developed by the process of roasting) and tannic acid, guaranin, a substance identical in composition with caffein. The large proportion of tannic acid in its composition renders its action very efficacious as an astringent; whilst, owing to the guaranin, it has much the same effect on the nervous system as tea or coffee."

It is given in powder in doses of ten to fifteen grains or more, once or oftener in the day, either mixed with water or sugar. In some cases it relieves very promptly. Dr. Wilks says, in some instances it acted like a charm, in others its effects were doubtful, and in others it entirely fails. The article can be obtained in this city from Mr. Frederick Brown, N. E. corner of Chestnut and Fifth Streets.

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Condurando in Cancer.—Two cases of cancer treated by condurando in the Bradford Infirmary, England, are reported in the *Brit. Med. Journ.* (May 18, 1872). In one the drug had no effect, and in the other the cancer extended more rapidly during its use.

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Salts of Quinia.—MM. CHAUFFARD and BRIQUET, and some other members of the French Academy of Medicine, maintain that the tannate of quinia is inert, while M. Mialhe thinks it exerts some influence but at the same time he pronounces it to be a detestable salt. With regard to the sulphate of quinia, he says it "should never be employed as a basic sulphate, but as an acid salt. In this acid state the sulphate may compete with all other salts the base of which is quinia; for it should be noticed that it is the quinia itself, and not its saline combinations, which acts. The acid only serves as a vehicle for the introduction of the quinia into the blood; in the latter the quinia is set free by means of the alkaline or earthy bicarbo-

nates which the blood contains, and then its modifying action begins. It is a mistake to believe that the sulphate of quinia, when this salt is administered, can be traced in the urine; the salts traced are the acid phosphate of quinia associated with the phosphates of lime and magnesia."

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Medicinal Uses of Oil of Amber.—Mr. T. T. GRIFFITH informs us (*Brit. Med. Journ.*, April 20, 1872) that a patient, in rapidly declining, suffered from constant hiccough for two or three days, and, at the advice of an old practitioner, he gave five drop doses of oil of amber, with as much liquor potassæ and laudanum, and the relief was immediate and complete. "In my own hands, and those of my medical friends," he says, "oil of amber has been an unfailing remedy, and at this time is the only means of arresting an exhausting hiccough in a patient dying of chronic vesical catarrh. I suppose that it formed the basis of Roche's embrocation—by no means a contemptible remedy in whooping-cough; and I have seen much good from its administration in the advanced stage of the disease. In the chronic state of eczema on the scalp and surface generally, its free application has been of marked benefit. It had also served me in good stead in a case of distressing cramps of the extremities. The patient, while on a temporary visit to the country, was, for the latter weeks of pregnancy, nightly tormented with severe cramps in all the extremities, obliging her to have an attendant in her room to change her posture or rub the limbs. Ordinary remedies, local and general, had no effect; and, believing that the oil of amber did in a great degree control muscular spasm, I gave the patient the medicine with the effect of stopping the spasmodic contraction of the muscles. In her case, its beneficial effects were very marked. The combined drugs, apart from the oil of amber, had no salutary effect whatever. In the *Pharmacopœia* of 1809, it was introduced, combined with ammonia, as "spiritus ammoniæ succinatus." The mixture taken by the lady was as follows: ℞ Olei succini ℥ss; liq. potassæ ℥j; tinctur. camph. comp. ℥ss; aquæ menthæ piper. ad ℥vi. M.: an ounce to be taken at bed-time.

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Tetanus following Hypodermic Injection of Quinia.—Surgeon ODEVAINE reported (*Indian Med. Gaz.*, April, 1871) a case of tetanus following the hypodermic injection of quinia, and in the No. of the same journal for May, 1872, two more, which occurred in the jail hospital. In these two cases the injections were given by a native doctor, who states that the quinia was given in a perfectly clear solution. An abscess formed at the site of puncture in a few days, and both men died within twenty-four hours of the first appearance of tetanic symptoms.

Surgeon O. states: "In the cases in which I have myself employed the neutral quinia, dissolved in distilled water, in the proportion of 4 grains of the former to 40 minims of the latter, no irritation has resulted. I think it but right to make known the fact that tetanus does occasionally occur as a result of the hypodermic use of quinia, and to record my opinion that this medicine should only be employed subcutaneously, when its administration by the mouth or rectum is, owing to great gastric irritability, or the presence of diarrhœa, inadmissible.

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Diabetes produced by Oil of Turpentine.—ALMEN (*Neues Jahrb. der Pharm.*, xxxiv. p. 113) found sugar in the urine of several patients after they had taken 100 drops of oil of turpentine. It disappeared on the day after the medicine had been discontinued. It was not produced by copaiba or by cubebs.—*Brit. Med. Journ.*, May 11, 1872.

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The Aspirator in Surgery.—M. LABBÉ, a young surgeon and *agrégé* (sub-professor), has been doing wonders with the capillary or aspiratory trocar—the instrument patented by Dieulafoy, of Paris. M. Labbé informed me, while on a visit to the Hôpital de la Pitié, that he had, the previous evening, punctured the bladder above the pubis of an elderly gentleman who was suffering from retention of urine resulting from an enlarged prostate. This was done with the above-named instru-

ment, and 700 grammes (about 22 ounces) of urine were drawn off at one sitting. Several ineffectual attempts had been made to introduce a catheter, which ended in making a false passage towards the rectum. M. Labbé prefers Dieulafoy's trocar to the other methods in vogue, as being perfectly innocuous, the wound healing immediately. He had performed the same operation several times—both in his nosocomical and private practice, and intends submitting his observations to the Academy of Medicine. A very interesting thesis has been written on the subject by Dr. J. Watelet. In the case under notice, M. Labbé was to relieve the bladder in this way once or twice in the twenty-four hours, according to the urgency of the symptoms; and that he will repeat daily until the wound in the urethra is healed, when he will resort to other means for the removal of the cause of the retention of urine. I may here observe that many surgeons already predict one great disadvantage in this new method—not to the patients, but to the future generation of surgeons—as catheterism, which even nowadays is so little confided to students, would run the risk of being altogether put aside. This capillary or aspiratory trocar, intended at first only as an exploring instrument, was not much larger than an ordinary urethra-syringe. This was gradually increased in size, and was then employed for opening large abscesses and cavities containing liquid. M. Collin, successor to Charrière, has still further improved the instrument, in such a way that it may be used not only for emptying abscesses and cavities, but for washing out or injecting these, and it is of a size containing from 120 to 160 grammes that these operations may be performed without deranging the instrument. This new trocar is, I think, destined to render great service both in medicine and surgery; and it struck me that it would be preferable to the ordinary lancet in venesection, as the risk of air entering the vein is *nil*, in which case the needles would of course have to be made a little thicker, so as to have a good and uninterrupted flow, and the ligature above the elbow may be dispensed with.—*Med. Times and Gaz.*, May 4, 1872.

Inoculation of Tuberculous Matter in the Human Subject.—Messrs. Paraskeva and Zallonis, of Syra, in Greece, have published in the *Gaz. Méd. de Paris* (April 27, 1872), an account of five experiments on rabbits, wherein tuberculous matter, either mixed with the food or inoculated, excited deposits of the same kind in the lungs, thus confirming Villemin's investigations. The authors attempted besides a bolder experiment, and inoculated a fisherman of fifty-five years of age with tuberculous matter on the upper part of the thigh. This man was suffering from gangrene of the great toe, in consequence of obliteration of the femoral artery. He steadily refused amputation, and the authors considered themselves justified in undertaking the experiment. The patient died thirty-seven days after the inoculation, and had never been ill before in his life. Seventeen tubercles in the first stage of development were discovered in the apex of the right lung; two were of the size of split peas, and the others as large as mustard seeds. Two more tubercles were observed in the apex of the left lung. The liver looked healthy, but presented two tubercles on its convex surface of the size of peas. The authors conclude that they have proved their point, but it should be recollected that, in ordinary autopsies, tubercles are often found when their existence from the history could hardly have been suspected. As for animals, it may always be asked whether we can, in all cases, conclude that the phenomena observed upon them would be the same upon man.—*Lancet*, June, 8, 1872.

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Chemical Composition of Pus.—Hoppe-Seyler (*Med. Chem. Untersuch.*, 1871, 486–501) has obtained results which are interesting in reference to the question of the origin of the pus-corpuscles and their identity with the colourless and lymph corpuscles. He introduced fresh crystalline lenses of the ox into the abdominal cavity of dogs, and analyzed them after a period varying from one to fourteen days. As was expected, the lenses became infiltrated with lymph-corpuscles. Glycogen was found in greatest abundance at the eighth day, at which period they con-

tained the greatest number of contractile corpuscles. The glycogen is due to these corpuscles. If the lenses were not plunged immediately into boiling water, but allowed to stand for some time, no glycogen was found, but in its place sugar. In the pus of congestion-abscesses, no glycogen occurred. The occurrence of glycogen, therefore, may be taken as a means of distinguishing lymph from pus-corpuscles. When glycogen is found in abscesses, it will be found to coexist with the presence of numerous contractile corpuscles. Lymph-corpuscles, therefore, by their transformation into rigid pus-corpuscles, become deprived of their glycogen.—*Brit. Med. Journ.*, May 25, 1872.

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Chloralum and Preparations of Chloralum as Disinfectants.—Prof. A. Fleck, Director of the Central Chemical Institution established at Dresden for the protection of the public health, has made a thorough investigation of the composition and value of these products, and with the following results:—

1. The preparations of chloralum have nothing in common with the similarly sounding chloral hydrate, and are, in point of fact, mixtures of chloride of aluminium. 2. The preparations of chloralum contain chlorine combinations of lead, copper, and arsenic, which renders their employment not free from danger, and which would render their employment as a medicine or as an astringent for open or suppurating wounds dangerous. 3. The price of the preparations of chloralum bears no relation either to their nature or their effect. Considering that the liquid chloralum yields a clear profit of at least 700 per cent., and the wadding 400 per cent., the limits of honest trading may be considered as overstepped. 4. The result of these experiments is that chloralum and the preparations made from the same must be classed among the worthless arcana, and in the interest of the public health, as well as in the material interests of the public, a most decided warning must be given against the purchase of the same.—*Amer. Journ. of Pharm.*, June, 1871, from *Chem. Rev.*, March, 1872, and *Industrie Zeitung.*

On the Relative Power of Thirty-four Substances to prevent the Development of Protoplasmic and Fungus Life, and in arresting Putrefaction.—Dr. Crace Calvert read a paper (Feb. 20th last) on this subject before the Royal Society. The substances under examination were classed under the following heads: acids, alkalies, chlorine, sulphur, phosphates, tar, sulpho-carbolates, and miscellaneous. By experiments extending over many months it was ascertained that the acids, among which are named nitric and sulphuric acid, retard vibrionic life, while they allow fungi to appear soon. In the alkali group there is no prevention of vibrionic life, although in the case of lime its development took thirty, and in the case of soda twenty-three days. Among the combinations of chlorine fungi appear late, vibrios not at all, at least not within eighty days. The author mentioned that Dr. Duvergie, Inspecteur-Général des Cimitières de la France, prefers, for the purpose of preserving corpses for inspection, letting water trickle on them constantly, to using bleaching powder, which, in his estimation, only accelerates putrefaction. None of the constituents of the sulphur group prevent fungous or vibrionic life. The same with phosphates. In turpentine vibrios appeared after forty and fungi after forty-two days. In sulphate of quinia vibrios appeared after twenty-six days, but no fungi during the entire period of the experiments. The author, in connection with this fact, called attention to the theory of the fungus developed in the blood in the case of intermittent fevers. On the whole, it was found that, in accordance with these experiments, the thirty-four substances can be grouped as follows: 1. Those which prevent the generation of fungi and vibrios—viz., cresylic and carbolic acid. 2. Those which prevent the development of vibrios, but not that of fungi; such are bichloride of mercury, chloride of zinc, etc. 3. Those which prevent fungi, but not vibrios, to develop—viz, sulphate of quinia, pepper, etc. 4. Those which prevent neither the one nor the other. From his experiments as to the power of destroying microscopic life, by the addition of these substances.

Dr. Calvert found none thoroughly efficient.—*Lancet*, March 30, 1872.

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Confession no Proof of Guilt.—The *Lyon Médical*, of April 28, 1872, refers to the case of a girl, aged twenty, supposed to be seven months pregnant. After an attack of hemorrhage her size seemed to have considerably diminished, and the girl, being closely questioned on the subject, said that, becoming aware of the discharge, she repaired to the closet, where she stayed ten minutes. She added that all had escaped, but that she had not time to look, as she was being called by her mistress. A midwife and the parish surgeon both declared that the girl had been recently confined. She was now again assailed with questions, and told that, for her own sake, she had better make a clean breast of it, as no fœtus had been found in the closet. Perhaps, it was suggested, she had thrown it into the pigstye. The poor creature at first denied such a thing, but at last confessed that it was so. A search was made, but no child was discovered. She was tried for concealment of birth, on her own confession, and sentenced to six months' imprisonment. The girl had not been taken into custody in consideration of her free confession, and she quietly proceeded to the gaol. When admitted it was found that she was far advanced in pregnancy, and soon gave birth to a healthy girl. By the French law she could no longer appeal, as more than ten days had elapsed since the verdict; but the judge, having the power of appealing within two months, did so, and the girl was acquitted.

This case shows that confession, which is looked upon as the clearest proof of guilt, cannot always be relied upon. And what shall we say of the surgeon and the midwife? The examination was probably hurried and incomplete, and the conclusion arrived at on seeing the signs of recent abundant hemorrhage. This case, even in a simple obstetrical point of view, is full of valuable hints.—*Lancet*, May 18, 1872.

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One Source of Skin Disease.—A correspondent of *Nature*, who signs himself "R. M." states that he has satisfied himself that certain attacks of eczema of the face to which he was formerly liable were due to the use of impure soap for shaving purposes. He declares that the "prime old brown Windsor soap" of the perfumers' shops is chiefly manufactured from bone grease. This, as extracted from the bones by the action of boiling water under pressure, is of a dark tarry brown colour, and of an abominable odour. By various processes it is more or less defæcated, bleached, and deodorized, and is separated into two or three different qualities, the most inferior of which goes to the formation of railway or other machinery greases, whilst the better kind is saponified and highly perfumed. The natural brown colour of the grease gives it the right tint in the cheapest way without the colouring by caramel, which was the original method of manufacture. Some bars of brown Windsor soap contain a rich admixture of small, sharp, angular fragments of bone, which, before boiling, were putrid. "R. M." states that, on three separate occasions, shaving with such soap, whilst he was otherwise in perfect health, induced an attack of eczema, which resisted medicinal treatment but disappeared on ceasing to use the soap.—*Lancet*, April 27, 1872.

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Bread made with Sea-water.—M. Rabuteau calls attention to the importance of this article. In the first place it is very pleasant eating, also increasing the appetite and stimulating digestion. On board ship bread so prepared has been found very conducive to the preservation of health during long voyages. It also exerts important medicinal effects, especially in dyspepsia. In phthisis and in scrofula the author states it is a powerful adjuvant.—*Med. Times and Gaz.*, Feb. 3, 1872, from *L'Union Med.*, Jan. 6, 1872.

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Obituary Record.—Died March 13, 1872, after a long and painful illness, aged 63, M. Michel Lévy, Grand Officer of the Legion of Honor, formerly President of the Academy of Medicine, and one of the most eminent of the French military surgeons

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